

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16666
4313
Registrar's No.

MAY 18 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5744 Theodosia Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Ray Talley

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Russell Talley 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 22 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 16 ..hr. min.

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Isaac Kampe
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Esther Wolf
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Singer

(b) Address 5744 Theodosia Ave.

17. (a) Cremation (b) Date thereof 5-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) MAY 10 1943 J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5744 Theodosia Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1943 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from April 20 1943 to May 8 1943
that I last saw her alive on May 4 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to ..
Due to ..

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations ..
Of autopsy ..

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ..
(b) Date of occurrence ..
(c) Where did injury occur? .. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? .. (Specify type of place)
(e) Means of injury ..

23. Signature H. F. Bergmann M. D. or other ..
Address 3220 Washington Date signed 5/12/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

5201 St. Louis
12-1 Saturday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert H. Thompson Jr.
Licensed Embalmer No. 64237

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.